(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL093007 06/24/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 257 HORACE PERRY ROAD **ALPHA & OMEGA FAMILY CARE & RETIREME!** WARRENTON, NC 27589 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on June 24, 2015. This facility was first licensed as a Family Care Home for six (6) Residents with up to three (3) non-ambulatory residents (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on June 01, 1992. Based on this we are requiring the home to be in compliance with the 1992 and the applicable portions of the 2005 Rules for the Licensing of Family Care Homes and, the 1991 North Carolina State Building Code - Section 514.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 101 Existing Licensed-No Less than '71 Rules C 101 SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
FCL093007			B. WING		06/2	06/24/2015	
NAME OF PROVIDER OR SUPPLIER ALPHA & OMEGA FAMILY CARE & RETIREMEI STREET ADDRESS, CITY, STATE, ZIP CODE 257 HORACE PERRY ROAD WARRENTON, NC 27589							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 101	no cost; This Rule is not me 1. Based on observance systems were not reallowing radiation describing include: When the facility was ceiling vents were reallowed around the dampers deploying in a fire estable of the composition of the compos	et as evidenced by: vation, the building mechanical naintained operable by ampers to become disabled. as first licensed the HVAC equired to have radiation o protect the openings, liation dampers have tie wraps is preventing them from emergency. vation, the building fire alarm talled in accordance with the in first licensed.	C 101				
C 117	SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (n) The home sha fire and building saf		C 117				

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OTATEMENT OF REFORENCES (VA) PROVIDED/OURDUIED/OUR		0/0) MUUTIDI	F CONSTRUCTION	0(0) 5 4 7 5	OLIDY (E) (
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NOWIBER.		A. BUILDING: 01		JOIVIE	,	
		FCL093007	B. WING		06/2	4/2015
NAME OF I	DDOVIDED OD SLIDDLIED	STDEET AD	DDESS CITY S	STATE ZID CODE		
NAIVIE OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALPHA 8	OMEGA FAMILY CA	RF & RFTIRFMFI	ACE PERRY			
		WARREN	TON, NC 27	589		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
1710		,	17.0	DEFICIENCY)		
0.447	0 " 15	•	0.447			
C 117	Continued From pa	ige 2	C 117			
	This Rule is not me	et as evidenced by:				
	1. Based on observ					
	inspectionreports v	vere not available at the time				
	of the survey.					
	•					
	Findings include:					
		ts were not available at the				
	time of the survey:					
	a) Sanitation Repor					
	b) Fire Marshalls Report,					
C 135	Bathroom-Hand Gr	ips	C 135			
	SECTION .0300 - 1					
	10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all					
		nd showers used by the				
	residents.					
	This Dula is not me	ot as syldeneed by:				
	This Rule is not me	vation, the bathrooms were				
	not maintained in a	•				
	not maintained in a	sale manner.				
	Findings include:					
	The toilet in the back right bathroom has no grab bar.					
C 168	Fire Extinguishers		C 168			
0 100	THE Extinguishers		0 100			
	SECTION .0300 - THE BUILDING					
		316 FIRE SAFETY AND				
	DISASTER PLAN					
		ers shall be provided which				
		meet these minimum requirements in a family				
	care home:	. ,				
	 (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 					
type located in the kitchen; and						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SURY COMPLETE				
		FCL093007	B. WING		06/2	4/2015
	PROVIDER OR SUPPLIER	257 HORA	DRESS, CITY, S	STATE, ZIP CODE		
ALPHA 8	COMEGA FAMILY CA	RF & RFTIRFMFI	TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 168	(3) any other locate enforcement official. This Rule is not med 1. Based on observable protection equipmes af emanner. This not having fire protection an emergence in an emergence of the inspection tags.	ion as determined by the code l. et as evidenced by: vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for cy. s on the fire extinguishers ed monthly checks are not	C 168			
C 174			C 174			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
FCL093007		B. WING		06/24/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ALPHA 8	OMEGA FAMILY CA	RF & RFTIRFMFI	ACE PERRY TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 4	C 174			
	components were r	not maintained.				
	a splinter hazard. b) The Laundry roofframe. c) The back left baframe. d) The front right bframe e) The back left befrack 3. Based on observas not maintained bedroom windows would affect the resegress in an emergence.	The windows will not stay open ations:				
C 175 Heating SysNo Unvented or Portable Elec.		C 175				
	EQUIPMENT (b) There shall be sufficient to maintain C) under winter deselectric heaters, if u protected so as to a room furnishings. Unheaters and portab prohibited.	a central heating system in 75 degrees F (24 degrees sign conditions. Built-in used, shall be installed or avoid hazards to residents and Unvented fuel burning room le electric heaters are apply to new and existing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL093007	B. WING		06/	24/2015
	PROVIDER OR SUPPLIER OMEGA FAMILY CA	RE & RETIREMEI 257 HOR	DRESS, CITY, S ACE PERRY I TON, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 175	This Rule is not me 1. Based on observation of the second	et as evidenced by: vation, the facility was not e manner by having portable use neater was found in the le electric heater was removed	C 175			
C 177	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (d) The hot water provide an adequat kitchen, bathrooms temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C).	tank shall be of such size to e supply of hot water to the and laundry. The hot water ixtures used by residents shall minimum of 100 degrees Flahall not exceed 116 degrees	C 177			
C 180	system was not ma allowing the water t Findings include: The hot water teste	vation the building hot water intained in a safe condition by o become too hot. d at 120 degrees F. puipment-Call System	C 180			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	LE CONSTRUCTION 5: 01		SURVEY PLETED	
		FCL093007	B. WING		06/2	24/2015
	PROVIDER OR SUPPLIER MATERIAL OF SUPPLIER MATERIAL OF SUPPLIER	RE & RETIREMEI 257	ET ADDRESS, CITY, HORACE PERRY RENTON, NC 2	'ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 180	EQUIPMENT (f) Where the bedilocated in a separal bedrooms, an elect shall be provided or bedroom to the live resident call system can be activated will on until deactivated activator shall be whis bed. (j) This Rule shall family care homes. This Rule is not me	room of the live-in staff is te area from residents' rically operated call system onnecting each resident -in staff bedroom. The nactivator shall be such that a single action and remains the staff. The call system ithin reach of resident lying apply to new and existing et as evidenced by: vation, the building call system to operable.	at it ain g on			

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